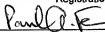


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|---|----------------------------------|--|--------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 046884-5479-00-US-226448 | |
| Application Number 10/580,007 | | Filed May 2, 2007 | |
| For LYMPH NODE DETECTING APPARATUS | | | |
| Art Unit 3777 | | Examiner J. F. Brutus | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee \$150 | Small Entity Fee \$75 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$560 | \$280 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1270 | \$635 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1980 | \$990 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2690 | \$1345 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0573</u> . | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,023</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 _____ | | | |
|  _____ Signature | | _____ Date | |
| _____ Paul A. Fournier Typed or printed name | | _____ 202.842.8812 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |